

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1									
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48									
49									
50									
TOTAL IND.	7								
TOTAL DEP.	10	←	↓	←	↓	←	↓	←	↓
TOTAL CLAIMS	17								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS